

<i>SERFF Tracking Number:</i>	<i>BNLI-126191492</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>42747</i>
<i>Company Tracking Number:</i>	<i>BNL-2009-30</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Dental Vision Accidental Death &amp; Dismemberment</i>		
<i>Project Name/Number:</i>	<i>Triple Combo/BNL-2009-30</i>		

## Filing at a Glance

Company: Brokers National Life Assurance Company

Product Name: Dental Vision Accidental Death & Dismemberment  
 SERFF Tr Num: BNLI-126191492 State: ArkansasLH

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 42747

Sub-TOI: H21.000 Health - Other

Co Tr Num: BNL-2009-30

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Amy Irby, Mandi

Disposition Date: 06/24/2009

Rodriguez, Holly Harrison

Date Submitted: 06/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Triple Combo

Status of Filing in Domicile: Pending

Project Number: BNL-2009-30

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Pending.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/24/2009

Explanation for Other Group Market Type:

State Status Changed: 06/24/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dental Vision Accidental Death & Dismemberment Combo Application

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: BNLI-126191492 State: Arkansas  
Filing Company: Brokers National Life Assurance Company State Tracking Number: 42747  
Company Tracking Number: BNL-2009-30  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Dental Vision Accidental Death & Dismemberment  
Project Name/Number: Triple Combo/BNL-2009-30

Mandi Rodriguez, Compliance Assistant mandi@bnlac.com  
7010 Hwy 71 West (800) 798-1125 [Phone]  
Austin, TX 78735 (512) 383-8502[FAX]

**Filing Company Information**

Brokers National Life Assurance Company CoCode: 74900 State of Domicile: Arkansas  
7010 Hwy 71 West Group Code: Company Type:  
Suite 100  
Austin, TX 78735 Group Name: State ID Number:  
(800) 798-1125 ext. [Phone] FEIN Number: 63-0483783  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$50.00 per filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Brokers National Life Assurance Company	\$50.00	06/23/2009	28763194

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	06/24/2009	06/24/2009

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## **Disposition**

Disposition Date: 06/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BNLI-126191492</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Dental Vision Accidental Death & Dismemberment Application	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** DVADD-APP(2009)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	DVADD-	Application/	Dental Vision	Initial			DVADD-
Closed	APP(2009)	Enrollment Form	Accidental Death & Dismemberment Application				APP(2009).pdf

**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas

Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735

Phone: 512-383-0220

**Dental / Vision / AD&D Application  
Payroll Deduction**

Division No.				Billing ID No.			
Employer				Requested Effective Date / 01 /			
Applicant Name				SSN - -			
DOB / /		Age		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of Hire / /	
Home Address			City		State		Zip
Home Telephone ( ) -			E-mail				

**LEVEL OF COVERAGE:** ☐ Applicant Only ☐ Applicant & Spouse ☐ Applicant & Child(ren) ☐ Applicant & Family☐ **GROUP DENTAL INSURANCE** Choose One: ☐ Plan A ☐ Plan B ☐ Basic Plus☐ **GROUP VISION INSURANCE – PLAN A** Vision Program is chosen by your Employer☐ **INDIVIDUAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**Choose One: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000

Child(ren) Maximum Coverage is \$10,000 per Covered Child

**DEPENDENTS** (If applying for Dependent Coverage)

Spouse		SSN - -		DOB / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F					
Child (your dependent child(ren) only)		DOB		Sex		Child (your dependent child(ren) only)		DOB		Sex	
1.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F		4.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F	
2.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F		5.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F	
3.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F		6.		/ /		<input type="checkbox"/> M <input type="checkbox"/> F	

**BENEFICIARY** (If applying for Individual Accidental Death & Dismemberment)

		Applicant's		Spouse's	
Beneficiary Name					
Relationship to the Insured and Age		Age		Age	
Dependent children's beneficiary will be the primary insured.					
Contingent Owner of Policy & Child Rider (if applicable)					Age
Contingent Owner's Relationship to Insured					





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## **Rate Information**

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Flesch Certification	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A.	Approved-Closed	06/24/2009
<b>Comments:</b>			

<b>Satisfied -Name:</b>	Application	<b>Review Status:</b>	
<b>Comments:</b>		Approved-Closed	06/24/2009
Application only. Please see Form Schedule.			

<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A; form only.	Approved-Closed	06/24/2009
<b>Comments:</b>			

<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A.	Approved-Closed	06/24/2009
<b>Comments:</b>			